



BURLINGTON RECREATION & PARKS VIRTUAL LEARNING REC DAYS REGISTRATION FORM 2020

To be eligible: 1) the child must currently attend kindergarten AND 2) be 5 years on or before August 31, 2020 AND 3) attend school in the Alamance-Burlington School System.

**A form must be completed for each child enrolled.*

My child will participate: ☐ Session 1 ☐ Session 2 ☐ Both

Child's Name (please print): _____ Preferred Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: _____

Age: _____ Gender: _____ School: _____ Grade Level (Fall 2020): _____

Parent/Guardian Email: _____

Parent/Guardian Information

The adult(s) listed in this section should be those in which the participant resides.

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Emergency Contacts & Release Authorization

Participant will be released only to the parent/guardian(s) listed. The participant can also be released to the following individuals, as authorized by the parent/guardian(s). In the event of an emergency, if parent/guardian cannot be reached, Burlington Recreation & Parks staff has permission to contact the following individuals. Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and are allowed to sign out the participant. Authorized individuals must be 16 or older and identification will be required to sign out participant. **Any changes must be submitted in writing** (see director to make changes).

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ____ No ____

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ____ No ____

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ____ No ____

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ____ No ____

Additional Information

1. Please give any information concerning the participant which will be helpful in his/her experience while in our supervision caring for your child (such as play, eating and sleeping habits, special fears, special likes or dislikes):

2. Custody Agreement*: _____ YES / NO

**If there is a custodial issue that would restrict a parent/guardian from having access to the child, court documents will need to be provided to the Burlington Recreation & Parks Main Office and will be kept at the program site. Custodial documents are not transferable from program to program. A new agreement must be submitted at the start of each program.*

Health Care Needs

1. List any allergies and the symptoms and type of response required for allergic reactions*: _____

**If your child has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your child with an EpiPen to keep at the program site.*

2. List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: _____

3. Does the participant have any chronic illnesses/conditions (explain): _____ YES / NO

4. Respiratory Problems*: _____ YES / NO

**If your child requires an inhaler please note that we strongly encourage providing your child with an inhaler to keep at the program site.*

5. Nervous Disorders: _____ YES / NO

6. Diabetes: _____ YES / NO

7. Hyperactivity: _____ YES / NO

8. Heart Disease: _____ YES / NO

9. List any types of medication taken for health care needs **AND** what they are being taken for*? _____

10. Are any medications needed to be taken during program hours*? _____ YES / NO

11. Is there a medical action plan attached? _____ YES / NO

** For any participant with health care needs such as allergies, asthma, or other chronic conditions that require medication, a completed Medication Policy & Action Plan Packet must be attached to the application. **Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be administered during the program or kept on site.** Children may not medicate themselves. The Medication Policy & Action Plan Packet must be completed by the child's parent **AND** health care professional.*

- ☐ Please check here to verify that you will NOT be providing your participant with an EpiPen for allergy listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have Benadryl or EpiPens on site available for use.
- ☐ Please check here to verify that you will NOT be providing your participant with an inhaler for respiratory problem listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your child in the event of a life-threatening situation. In the event of a life-threatening situation, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have inhalers on site available for use.

Medication packets are not transferable from program to program. A new packet must be completed at the start of each program. Packets could take up to 2 weeks to process and approve if completed correctly.

Emergency Permission*

I give permission to the Burlington Recreation & Parks Department staff to authorize emergency treatment and transportation of the participant to the nearest hospital available.

Participant's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

** This is to be used by the staff only in the case of an emergency and every effort will be made to contact the Parent/Guardian.*

Field Trips/ Emergency Evacuation/ Transportation

I give permission to the Burlington Recreation & Parks Department staff to provide transportation for any field trips that my child will be involved in and for Emergency Evacuation. The City of Burlington and/or Alamance-Burlington School System buses or vans will provide transportation.

Parent/Guardian's Signature: _____ Date: _____

Photography Waiver

I permit the City of Burlington to use and publish photographs and/or videotapes of me and/or my children for purposes of promoting recreation activities to the community.

Parent/Guardian's Signature: _____ Date: _____

Payments

I understand that payment is due before each session. If payments are not received before the each session, your child will not be able to attend the program until it is paid.

Parent's Signature: _____ Date: _____

Consent and Liability Waiver

I wish for my child to participate in one or more activities offered through the City of Burlington Recreation & Parks Department. I understand that he/she must abide by the rules and regulations of the department. I am also aware that there are certain inherent risks or accidents associated with various activities. I agree to assume all risks involved in participation of such activities. I release the employees, volunteers and agents of the City of Burlington from any responsibility should an incident happen. Further, I shall hold harmless, defend and indemnify the City, its officers, agents, employees, and assigns from any and all claims, demands, disputes, actions, suits, charges and judgements arising out of the performance or nonperformance of this Agreement.

Parent/Guardian's Signature: _____ Date: _____

Emergency Evacuation Plan

In case of an emergency, your child will be evacuated to Fairchild Community Center (336.222.5119) on Graham-Hopedale Road.

August 17, 2020